

00/519347

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	*	*	*	
1			1				IND.	DEP.	IND.	DEP.
2							51			
3							52			
4							53			
5							54			
6							55			
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42							91			
43							92			
44							93			
45							94			
46							95			
47							96			
48							97			
49							98			
50							99			
TOTAL IND.							100			
TOTAL DEP.										
TOTAL CLAIMS										

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS